

Members

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Rhonda Boyd-Alstott
Dr. Danita Johnson Hughes
Dr. Brenna McDonald



COMMISSION ON MENTAL HEALTH AND ADDICTION

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MEETING MINUTES¹

Meeting Date: August 27, 2012
Meeting Time: 1:00 P.M.
Meeting Place: State House, 200 W. Washington St., Senate Chambers
Meeting City: Indianapolis, Indiana
Meeting Number: 1

Members Present: Rep. Cindy Noe, Chairperson; Sen. Patricia Miller; Sen. Lindel Hume; Margie Payne; Ronda Ames; Caroline Doebbling; Kurt Carlson; Rhonda Boyd-Alstott; Dr. Danita Johnson Hughes; Dr. Brenna McDonald.

Members Absent: Rep. Charlie Brown; Bryan Lett; Kathleen O'Connell; Chris Taelman; Jane Horn; Valerie N. Markley.

Rep. Cindy Noe (Chairperson) called the meeting to order at 1:05 p.m. After an introduction of the members, the Chairperson reviewed the topics that had been assigned to the Commission on Mental Health and Addiction (Commission) by the Legislative Council.

¹ These minutes, exhibits, and other materials referenced in the minutes can be viewed electronically at <http://www.in.gov/legislative> Hard copies can be obtained in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for hard copies may be mailed to the Legislative Information Center, Legislative Services Agency, West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for hard copies.

Kevin Moore, Director, Division of Mental Health and Addiction, Indiana Family and Social Services Administration

Mr. Moore provided the Commission with an update on mental health services in Indiana. (Exhibit #1) Mr. Moore's presentation reviewed DMHA's mission and priorities and included the following information:

- Drug addiction is a brain disorder.
- Full recovery from an addiction must include a full treatment of mental health issues and other health concerns.
- A combination of genetic and environmental factors increase the risk of addiction. Genetic factors include an individual's sensitivity, tolerance, and metabolism. Environmental factors include early life stress, family and peer culture, and individual experiences.
- There are many reasons why people drink and use drugs. Many people drink in social settings or to celebrate.
- Alcohol and drugs can be used to enhancement good feelings or excitement. However, excessive use adds to the risk of addiction.
- People who use alcohol and drugs for coping (e.g. relaxing; forgetting; reducing stress) are at risk of addiction.
- There is a difference between heavy drug use and drug addiction. Addiction is a chronic, relapsing disorder just like hypertension or diabetes.
- Calling addiction a disease does not remove personal responsibility from the addicted person any more than calling diabetes a disease removes personal responsibility from the diabetic.
- If a person is mentally ill and either dangerous or gravely ill, the person may be involuntarily detained or committed. Indiana law allows four different types of detention and commitment: immediate detention, emergency detention, temporary commitment, and regular commitment.

In response to questions from Commission members, Mr. Moore stated the following:

- There has been an increased incidence in the abuse of prescription drugs. Individuals are obtaining the drugs from many different sources (e.g. physicians, friends, and relatives).
- Indiana has 13 opioid treatment facilities, which seems to be about the right number for the need in Indiana.
- The most common addiction is from alcohol.
- A person can voluntarily commit themselves for treatment. The person can also leave the voluntary treatment whenever they wish.
- Law enforcement recruits receive training in the detention and commitment laws while at the law enforcement academy.

A copy of "Drugs, Brains, and Behavior: The Science of Addiction" by the National Institutes of Health was distributed to Commission members. (Exhibit #2)

Richard Turner, Magistrate, Marion County Superior Court, Probate Division

Mr. Turner's presentation included the following information:

- From the perspective of the court, the detention and commitment statutes work.
- An emergency detention only lasts 72 hours. However, the person can voluntarily stay longer. The petition for an emergency detention must contain both:

- a statement that the person is mentally ill and either dangerous or gravely disabled and in need of immediate restraint; and
- a statement by a physician based on either an examination or information given the physician.

The physician must also make sure that a treatment bed is available for the person.

- During a detention or commitment hearing the following apply:
 - The hearing is confidential.
 - The person has a right to legal counsel.
 - The burden of proof is on the petitioner.
- Although a temporary commitment is for up to 90 days and a regular commitment is for more than 90 days, a person committed under these laws may be released from a treatment facility in less time.
- Judges and magistrates receive 54 hours of continuing legal education every 3 years.

In response to questions from the Commission, Mr. Turner stated the following:

- The court does not see many commitment cases involving only addictions. The cases usually involve mental illness or mental illness with an addiction.
- Outpatient mental health services can be approved to be used with a temporary commitment.
- His court handles about 1-4 commitment hearings per day. However, about half the hearings are repeat cases.

Brad Hoffeditz, Trooper, Indiana State Police

Mr. Hoffeditz's presentation included the following information:

- Police usually approach a situation with a criminal mind set. An officer is usually called after a crime has been committed or when there is a dangerous situation (e.g. a violent person). Police are generally more reactive in a situation than preventative.
- Police rarely get a call only because a person needs to receive help for their mental illness or addiction.
- The law concerning the proceedings for the seizure and retention of firearms from dangerous persons (IC 35-47-14-1) could be expanded to allow firearms to be taken from more at risk individuals.

Sharon Blair, Social Justice Advocate, The Jennifer Act

Ms. Blair spoke about her experiences seeking substance abuse treatment for her daughter (Jennifer Reynolds) who died of a prescription drug overdose at the age of 29. (Exhibit #3) Ms. Blair's presentation included the following information:

- Addiction is a disease which is fatal if left untreated. Addiction cannot be overcome by will power alone.
- In 2008, about 15,000 people died nationally from unintended drug overdoses.
- The Jennifer Act (SB 22 - 2011) would provide a means of intervening for someone who is unable to recognize their need for treatment due to their impairment.
- Studies show that involuntary treatment can be just as successful as voluntary treatment.

In response to questions from Commission members, Ms. Blair stated the following:

- People do not know what is required to file a commitment petition. The Clerk of Courts, when asked, did not know what was required for the petition. Information on these petitions needs to be available and accessible.
- It is difficult to get documentation from a physician if the person who is addicted refuses to see the doctor. The courts should have the authority to require the addicted person to be examined by a physician.
- Many addicts eventually are involved in crimes. However, incarceration does not mean the person will receive substance abuse treatment.

The Chairperson adjourned the meeting at 3:15 p.m.